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Dated: July 15, 2005

Signature: Andrea Silverman
(Andrea Silverman)

Docket No.: AREX-P01-010
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Schultes *et al.*

Application No.: 10/531,849

Confirmation No.: 3995

Filed: April 18, 2005

Art Unit: Not yet assigned

For: THERAPEUTIC ADJUVANT

Examiner: Not Yet Assigned

**COMMUNICATION FORWARDING
DECLARATION AND POWER OF ATTORNEY**

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants respectfully submit herewith an executed Combined Declaration and Power of Attorney in the above identified application.

The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. AREX-P01-010. A duplicate copy of this paper is enclosed.

Dated: July 15, 2005

Respectfully submitted,

By Gloria Fuentes
Gloria Fuentes

Registration No.: 47,580
ROPES & GRAY LLP
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(617) 951-7000
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Attorneys/Agents For Applicant

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee Transmittal For FY 2005		Application Number	10/531,849
		Filing Date	April 18, 2005
		First Named Inventor	Birgit C. Schultes
		Examiner Name	Not Yet Assigned
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Not yet assigned
TOTAL AMOUNT OF PAYMENT	(\$) 65.00	Attorney Docket No.	AREX-P01-010

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-1945</u>				Deposit Account Name: <u>Ropes & Gray LLP</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
41	- 41 =	x	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
4	- 4 =	x	=

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 (round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2051 Surcharge-Late oath or declaration65.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	47,580	Telephone	(617) 951-7000
Name (Print/Type)	Gloria Fuentes			Date	July 15, 2005

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Dated: July 15, 2005Signature:  (Andrea Silverman)

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